

Step 10: Strives to Achieve the WHO/ UNICEF *Ten Steps of the Baby-Friendly Hospital Initiative* to Promote Successful Breastfeeding

The Coalition for Improving Maternity Services

ABSTRACT


Step 10 of the *Ten Steps of Mother-Friendly Care* is the *Ten Steps to Baby-Friendly*. These steps promote, protect, and support breastfeeding. Rationales for compliance with the WHO/UNICEF *Ten Steps of the Baby-Friendly Hospital Initiative* and a systematic review of the evidence related to the impact of the *Ten Steps to Baby-Friendly* on breastfeeding are presented.

Journal of Perinatal Education, 16(1–Supplement), 79S–80S, doi: 10.1624/105812407X173227

Keywords: breastfeeding, Baby-Friendly Hospital Initiative, hospital practices and breastfeeding

Step 10: Strives to achieve the WHO-UNICEF *Ten Steps of the Baby-Friendly Hospital Initiative* to promote successful breastfeeding:

- Have a written breastfeeding policy that is routinely communicated to all health-care staff.
- Train all health-care staff in skills necessary to implement this policy.
- Inform all pregnant women about the benefits and management of breastfeeding.
- Help mothers initiate breastfeeding within one half-hour of birth.
- Show mothers how to breastfeed and how to maintain lactation even if they should be separated from their infants.
- Give newborn infants no food or drink other than breast milk, unless medically indicated.
- Practice rooming in: Allow mothers and infants to remain together 24 hours a day.
- Encourage breastfeeding on demand.
- Give no artificial teat or pacifiers (also called “dummies” or “soothers”) to breastfeeding infants.
- Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from hospitals or clinics.

 For a description and discussion of the methods used to determine the evidence basis of the Ten Steps of Mother-Friendly Care, see this issue's "Methods" article by Henci Goer on pages 5S–9S.

The *Ten Steps to Baby-Friendly* has influenced change in hospital practices, which has had a positive impact on breastfeeding duration and some indices of infant health.



For more information on the Coalition for Improving Maternity Services (CIMS) and copies of the Mother-Friendly Childbirth Initiative and accompanying Ten Steps of Mother-Friendly Care, log on to the organization's Web site (www.motherfriendly.org) or call CIMS toll-free at 888-282-2467.



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Ten Steps to Baby Friendly

Rationale for Compliance

Hospital-based breastfeeding promotion interventions can extend duration of exclusive breastfeeding (Lutter, 1997; Merten, 2005).

Infants born in facilities that adhere to the *Baby Friendly Hospital Initiative's* (BFHI) *Ten Steps to Successful Breastfeeding* are significantly more likely to be breastfeeding at 12 months than those who are not. They are also more likely to be exclusively breastfed at 3 and 6 months and have significantly fewer gastrointestinal tract infections and atopic eczema than those who are not (Kramer, 2001). Similarly, infants born at BFHI facilities are more likely to be exclusively breastfed through 5 months of age. Further, birth at such facilities also increases median duration of any, full, and exclusive breastfeeding. The effects of BFHI are stronger for mothers of infants born at facilities that implement BFHI more fully (Merten, 2005).

Evidence Grade

Quality: A
Quantity: A
Consistency: A

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Consistency: A

A = good

Quality = aggregate of quality ratings for individual studies

Quantity = magnitude of effect, numbers of studies, and sample size or power

Consistency = the extent to which similar findings are reported using similar and different study designs

INCLUDED STUDIES

Kramer, M. S., Chalmers, B., Hodnett, E. D., Sevkovskaya, Z., Dzikovich, I., Shapiro, S., et al. (2001). Promotion of Breastfeeding Intervention Trial (PROBIT): A randomized trial in the Republic of Belarus. *The Journal of the American Medical Association*, 285(4), 413–420.

Lutter, C., Perez-Escamilla, R., Segal, A., Sanghvi, T., Teruya, K., & Wickham, C. (1997). The effectiveness of a hospital-based program to promote exclusive breast-feeding among low-income women in Brazil. *American Journal of Public Health*, 87, 659–663.

Merten, S., Dratva, J., & Ackermann-Liebrich, U. (2005). Do baby-friendly hospitals influence breastfeeding du-

ration on a national level? *Pediatrics*, 116(5), e702–e708.

EXCLUDED STUDIES

Coutinho, S. B., de Lira, P. J., de Carvalho Lima, M., & Ashworth, A. (2005). Comparison of the effect of two systems for the promotion of exclusive breastfeeding. *Lancet*, 366(9491), 1094–1100. **Reason:** Not applicable. No non-*Baby-Friendly Hospital Initiative* comparison group.

Merten, S., & Ackermann-Liebrich, U. (2004). Exclusive breastfeeding rates and associate factors in Swiss baby-friendly hospitals. *Journal of Human Lactation*, 20(1), 9–17. **Reason:** Poorly designed. Extensive crossover between groups.